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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	UPN0012-100
First Named Inventor	Craig B. Thompson
<i>COMPLETE IF KNOWN</i>	
Application Number	/
Filing Date	Herewith
Art Unit	
Examiner Name	

**I hereby declare that:**

**Each inventor's residence, mailing address, and citizenship are as stated below next to their name.**

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## **COMPOSITIONS AND METHODS FOR TREATING CANCER**

**the specification of which** *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)

May 7, 2004

as PCT International

Application Number PCT/US04/14263 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 34136      OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City	State	ZIP	
Country		Telephone	Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Craig B.		Family Name or Surname Thompson	
Inventor's Signature		Date	
Residence: City Merion Station	State Pennsylvania	Country United States	Citizenship United States
Mailing Address 304 Mallwyd Road			
City Merion Station	State Pennsylvania	Zip 19066	Country United States
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Daniel		Family Name or Surname Bauer	
Inventor's Signature		Date	
Residence: City Philadelphia, Pennsylvania	State Pennsylvania	Country United States	Citizenship United States
Mailing Address 251 South 22 <sup>nd</sup> Street			
City Philadelphia	State Pennsylvania	Zip 19103	Country United States
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>two</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

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<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Georgia		Hatzivassiliou		
Inventor's Signature		Date		
Residence: City	Philadelphia	State	PA	Country
United States		Citizenship	United States	
Mailing Address	2425 Lombard Street			
Mailing Address				
City	Philadelphia	State	PA	ZIP
				Country
United States		Date		
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State		Country
				Citizenship
Mailing Address				
Mailing Address				
City		State		Zip
				Country
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
				Date
Residence: City		State		Country
				Citizenship
Mailing Address				
Mailing Address				
City		State		Zip
				Country

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*If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.*